



**CITY OF BATTLEFIELD**  
**5434 S TOWER DRIVE**  
**BATTLEFIELD, MO 65619**  
**417-883-5840**

**Application for Sewer Service**

Please Print:

CUSTOMER NAME \_\_\_\_\_ SERVICE ADDRESS \_\_\_\_\_

CO-APPLICANT \_\_\_\_\_ DATE TO BEGIN SERVICE \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

BILLING ADDRESS (If Applicable)

\_\_\_\_\_

NUMBER IN HOUSEHOLD \_\_\_\_\_

EMPLOYER NAME:

\_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

If Rental provide following:

LANDLORD NAME:

\_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

If service emergency occurs:

EMERGENCY CONTACT \_\_\_\_\_

CONTACT TELEPHONE # \_\_\_\_\_

## **TERMS AND CONDITIONS**

- Sewer billing is **due by the 5<sup>th</sup>** of each month.
- All payments sent to The City of Battlefield for The Public Water Supply District #1 will be returned to the address listed on either the check or the payment stub.
- Once two checks have come back with insufficient funds, the account holder will no longer be able to pay with a check
- If account is two months past due after the 5th of the month, a disconnect notice will be delivered to the service address with instructions to avoid service interruption.
- We are in a contract with Public Water Supply District #1, which allows us to **turn off water** for non-payment of sewer services.
- Once a disconnect notice is issued, **cash or money order** is the only form of payment that will be accepted to bring account current.
- If no payment is received, water and sewer service will be shut off. To re-establish services, a **\$30.00 reconnect** fee will be due along with all past due charges.
- Two pay agreements will be available per calendar year, per account. **A 10% surcharge** will be added to the amount being postponed.
- I understand that I will need to/or have already **contacted Public Water Supply District #1** to meet their requirements for my water services and billing.

I would like my personal information to be kept confidential: YES      NO

\_\_\_\_\_  
(Initials)

**THE UNDERSIGNED CERTIFIES THAT HE/SHE UNDERSTANDS THE ABOVE STATEMENTS AND ALL OF THE ABOVE FACTS ARE TRUE AND HEREBY CONSENT(S) TO VENUE AND JURISDICTION FOR THE ENFORCEMENT OF THIS AGREEMENT IN BATTLEFIELD MUNICIPAL COURT**

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

\*\*\* Below is for office use only\*\*\*

Receipt #: \_\_\_\_\_

Date of Deposit: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Circle One:

Check #: \_\_\_\_\_      Cash      Credit Card      Money Order